NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Clearly | | | | | |
|---|---|---|--|------------------------------|---------------------------------------|
| Full Name PAmela | - J. Arnold | Work Address | HRAFCty-Cour | ty FARM | Rd, Dovern |
| Primary Occupation Rat | trel | e-mail *optional | | Work Phone | 603-742-1 45 8 |
| Name of office, appointment, or employment with government | County + 1 | zeasurer - | -Strafford | Courty | |
| A. List below the name, addres proprietor, or employee, or sen calendar year. Sources of retirent | es, and type of any profession, busing wed in any other professional or accepted in any other professional or accepted in the professional retires in the profession in the pr | ness, or other organization dvisory capacity, and from ment and/or disability benef | in which you or a family men which any income in excess its shall be included. | of \$ REC | r, director, associate, partner |
| 1. | | | | MAR 3 | 1 2009 ———— |
| 2. | | | | | MPSHIRE |
| 3. | | | | SECRETA | Y OF STATE |
| If you have no qualifying income | e indicate by writing your initials nex | t to the following statemer | it. My income do | es not qualify | pjo |
| reportable special interest in an discipline a licensee or permittee | or a family member has a special inte item on this list if a change in law, a e, or other decision by government a y member than it would on the gen | change in administrative ru affecting the listed business | le, a decision whether or not t | o award a contract | , grant a license or permit, |
| 1. Any profession, occup | pation, or business licensed or certific | ed by the State of New Han | pshire. List each such profess | ion, occupation, o | r category of business |
| ☐ 2. Health Care ☐ 3. In | Surance II | cluding brokers, ers, and landlords | 5. Banking or financial services | | f New Hampshire, county or employment |
| 7. N.H. Retirement System | 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and distrib beverages | oution of alcoholic | 11. Practice of law |
| 12. Any business regulated Utilities Commission | by the Public 13. Hor of gamb | se or dog racing, or other le | gal forms 14. Education | n | er Resources |
| 16. Agriculture | | | | Specify any other interest — | area in which you have a |
| RSA 15-A:9 Penalty. Any person | y swear or affirm that the foregoing in who knowingly fails to comply wit owingly files a false statement shall b | h the | plete to the best of my knowled | | 3-30-09 |